Maturus Software Technologies Corporation
DBA Matutech, Inc
881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

April 24, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right L4-L5 transforaminal injection with IV sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

Official Disability Guidelines (20th annual edition) & ODG Treatment in Worker's Compensation (13th annual edition), 2015 Low Back criteria has been utilized for the denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his lower back on xx/xx/xx, while lifting.

On January 20, 2015, x-rays of the lumbar spine was performed and read. This showed levoconvex scoliosis and mild height loss within the lumbar spine of indeterminate age but without a definitely acute appearance.

On February 9, 2015, a magnetic resonance imaging (MRI) of the lumbar spine without contrast at was documented. The MRI interpreted L4-L5 dehydrated intervertebral disc mild posterior broad-based subligamentous protruded herniation producing mild central spinal stenosis and moderate impingement of the neural exit canals bilaterally, L5-S1 mildly dehydrated intervertebral disc mild posterior broad-based annular bulge producing mild impingement of the neural exit canals bilaterally.

On March 4, 2015, the patient was seen for back pain. The patient presented with a three-month history of right-sided lumbar pain radiating down his right leg to the ankle. The patient sustained a work-related injury when he was lifting boxes greater than 40 pounds. The patient originally developed back pain; however it progressively got worse and started radiating down his leg. The patient was initially been treated with non-steroidal anti-inflammatories (NSAID's), muscle relaxants, transcutaneous electrical nerve stimulation (TENS) unit and ice. The patient was also started on physical therapy (PT) which he had been reluctant to do secondary to increased pain after this back exercises. At times the patient found it difficult to walk any distance secondary to pain. The patient continued to work; however, he stated when he was home he was usually unable to take care of his personal activities. The pain would awake him from sleep and his legs would be tired or would hurt while walking very far. The patient could walk less than one block and the pain would not be relieved by resting the legs or bending forward. The patient reported sitting, lying down and cold would make the pain better, while walking; rising from chair, physical activity and PT would make the pain worse. The patient was hypertensive and had a family history of heart trouble, stroke, arthritis, diabetes and high blood pressure. The patient stated home setting and work setting was supportive for him currently but the pain had affected his interaction with the family and friends. The changes in his lifestyle due to his problem had been difficult for him. Examination revealed positive straight leg raise (SLR) test on the right side at 45 degrees and the pain with seated SLR that was located at the back. The SLR was normal on the left side. The patient had pain with deep palpation over his right L4-5 facet area. The x-rays of the lumbar spine on January 20, 2015 showed 15 degrees scoliosis and the MRI of the lumbar spine on February 9, 2015 revealed degenerative changes with disc herniation at L4-5 with bilateral facet stenosis. The diagnosis by was lumbar radiculopathy right-sided leg pain which began after a work-related injury. The patient did have a herniated disc and degenerative changes at L4-5 with bilateral foraminal stenosis. He had a positive right straight leg raise and no neurological deficits. The patient had so far failed conservative therapy. prescribed Medrol Dosepak and performed a right L4-5 transforaminal epidural steroid injections (ESIs) and advised the patient to continue his PT. suggested the possibility of surgical remedy which included microdiscectomy if the steroid injection did not provide any relief.

Per a utilization review dated March 11, 2015, the right L4/5 transforaminal injection with IV sedation was denied with the following rationale*: "As a result of the work related injury, based upon the medical letter dated 02/19/2015, the carrier disputes any incidental findings, which include, but are not limited to: levoconvex scoliosis at L1-2. We dispute this findings is related to or a part of the work related injury, as this is either pre-existing conditions, ordinary disease of life and/or did not occur within the course and scope of your employment. Workers compensation benefits will be continued as related to the compensable injury."*

Per a reconsideration review dated March 23, 2015, the appeal for right L4/L5 transforaminal injection with IV sedation was denied with the following rationale: *"Based on the clinical information provided, the reconsideration request for right*

L4-5 transforaminal injection with IV sedation 64483 77003 99144 is not recommended as medically necessary. The initial request was non-certified noting that the patient's response to conservative measures is unclear. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted records indicate that the patient has been reluctant to participate in physical therapy. Current evidence based guidelines require that patients be initially unresponsive to conservative treatment. The patient's physical examination notes that lower extremities strength is symmetrically present in all muscle groups. Lower extremities reflexes are symmetrically present and normal. Light touch is normal for all lumbar dermatomes. There is no documentation of extreme anxiety or needle phobia to support IV sedation."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Patient with lumbar disc injury and evidence of neurological signs supporting diagnosis of radiculopathy. Significant reluctance to have treatments due to exacerbation of pain, thus ESI with sedation is medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**